



**राष्ट्रीय जनजाति स्वास्थ्य अनुसंधान संस्थान**  
**NATIONAL INSTITUTE FOR RESEARCH IN TRIBAL HEALTH**

(भारतीय आयुर्विज्ञान अनुसंधान परिषद) (स्वास्थ्य अनुसंधान विभाग, स्वा. एवं पार. कल्या. मंत्रालय)  
(Indian Council of Medical Research) (Deptt. of Health Research, Min. of Health & F.W.)

नागपुर रोड, पो.ऑ. गढ़ा, जबलपुर - 482003 (म.प्र.)  
Nagpur Road, P.O. - Garha, Jabalpur 482 003 (M.P.)

**APPLICATION FORM**

**Note:** This application form should be filled in by candidate in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank. Please strike-out the clause/columns which are not applicable.

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1. <b>Name in Full</b> (IN CAPITAL LETTERS)	: Mr./Miss/Mrs./Dr. _____
2. <b>Father/Husband's Name</b>	: _____
3. <b>Date of Birth</b>	: _____
4. <b>Gender</b>	: Male <input type="checkbox"/> Female <input type="checkbox"/>
5. <b>Marital Status</b>	: Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>
6. <b>Caste</b> (Please attach a certificate in support of your claim)	: General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>
7. <b>Nationality</b>	: _____
8. <b>Address for -</b> Communication :	_____
	_____
	Permanent : _____
	_____
	Mobile number & E-mail ID : Mob.: _____
	E-mail: _____

**9. Academic Qualification(s):**

[Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates]

Examination / Degree/ Diploma Obtained	Name of the Education Board/ University	Year of passing	Class / Division	Detail of Marks		Subject(s) taken
				Total	Obtained	

**10. Any additional qualification** : \_\_\_\_\_  
(Technical & desirable qualification may be mentioned here) \_\_\_\_\_

**11. Computer Knowledge** : \_\_\_\_\_  
(Please specify degree / diploma obtained and / or experiences of using computer)

**12. Employment History:**  
(Please provide details about present and previous employments)

Name of employer	Duration		Designation	Last Salary drawn (in Rs.)	Nature of employment
	Date of joining	Date of leaving			

**DECLARATION**  
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I hereby declare that all entries made in this form and additional sheets (if any) furnished herewith are true to the best of my knowledge and belief.

Date:

Place:

(Signature of the Candidate)

**Enclosures:** Attested copies of all certificates/testimonials

